<ul> <li>ISSUE SLIP STAPLE AREA (for additional states of the states</li></ul>	onal cross references)
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POSITION	INITIALS	ID NO.	'DATE,
FEE DETERMINATION	lug		2/01/4
O.I.P.E. CLASSIFIER	1 13	11:	2/3/1/23
FORMALITY REVIEW	Minn	108237	50/8
RESPONSE FORMALITY REVIEW		40001	370
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## INDEX OF CLAIMS

~	Rejected	N Non	-elected
	Allowed	IInter	
_	(Through numeral) Canceled	A App	
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	÷	Restricted	0	Objected	
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10 0		60		110	<del></del>
11 /		61		111	<del></del>
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14 4		64		114	
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27		77	<del>╶┼╶╎╶┞╸</del> ╎╶┤╸┤	126	+++++
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32		82	<del>╵┤╸</del> ┤╸┞	132	
13 V V V		83		133	<del>                                     </del>
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45	+++++	94	<del>                   </del>	144	
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47	┼┼┼┼┼	96	┼┼┼┼┼┼	146	
48	╫┼┼┼┼	97 98	+++++	147	
49	<del>╅╌┼═╅</del> ╌┼═┼╌┥╴┞╸	99	<del>                                     </del>	148	++++
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If more than 150 claims or 10 actions staple additional sheet here

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